


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV -6 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000069770

1. Corporation Name

Butler & Butler Enterprises Inc.

2. Principal Office Address - No P.O. Box #

604 Bellevue ave

3. Mailing Office Address

604 Bellevue ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3699992

☒ Applied For☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kendall Footman

Street Address (P.O. Box Number is Not Acceptable)

17 Promenade at LionsPaw LPGA

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

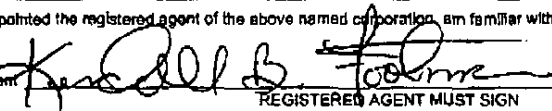
Zip Code

32124

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

11-03-08 01075 008 \$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent


Date

11/6/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Kendall Footman	17 Promenade at LionsPaw	Daytona Beach FL 32124

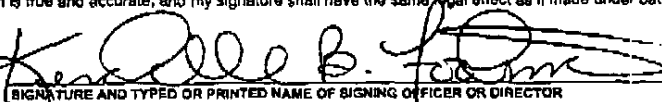
REINSTATEMENT

07-08



10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/08 386-257-2000

Daytime Phone #